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May 3, 2004

TO: Examiner (TC1600)**GROUP: 1644****FAX NUMBER: 703-872-9306****ATTORNEY DOCKET NO.: 13257-00031(UMD-0038)****SERIAL NO.: 09/779,689****FILED: February 8, 2001****NUMBER OF PAGES: 9****MESSAGE:** Attached please find Executed Power of Attorney with Revocation; Executed Certificate Under 37 CFR 3.73 (b); Copy of Recorded Assignment and Certificate of Transmission by Facsimile.**Jane Massey Licata, Registration No. 32,257****URGENT! PLEASE DELIVER IMMEDIATELY UPON RECEIPT. THANK YOU!**

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CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)			Docket No.	
Applicant(s): Kiran M. Das			13257-00031(UMD-0038)	
Serial No. 09/779,689	Filing Date February 8, 2001	Examiner Nolan, Patrick J.	Group Art Unit 1644	
Invention: Therapeutic and Diagnostic Methods for Ulcerative Colitis and Associated Disorder				
<p>I hereby certify that this <u>Power of Attorney with Revocation and Certificate under 37 CFR 3.73(b)</u> (Identify type of correspondence) is being facsimile transmitted to the United States Patent and Trademark Office (Fax, No. <u>703-872-9307</u>) on <u>May 3</u>, 2004 (Date)</p> <p><u>Jane Massey Licata</u> (Typed or Printed Name of Person Signing Certificate)</p> <p><u>Jane Massey Licata</u> (Signature)</p> <p>Note: Each paper must have its own certificate of mailing.</p>				

P18/REV01

TRANSMITTAL LETTER
(General - Patent Pending)Docket No.
13257-00031(UMD-0038)In Re Application Of: **Kiran M. Das**Serial No.
09/779,689Filing Date
February 8, 2001Examiner
Nolan, Patrick J.Group Art Unit
1644Title: **Therapeutic and Diagnostic Methods for Ulcerative Colitis and Associated Disorder**TO THE COMMISSIONER FOR PATENTS:

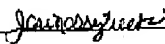
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50-1619



Signature

Dated: May 3, 2004

Jane Massey Licata, Reg. No. 32,257

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**REVOCATION OF POWER OF
ATTORNEY and
APPOINTMENT OF NEW
POWER OF ATTORNEY**

Application Number	09/779,689
Filing Date	February 8, 2001
First Named Inventor	Das
Art Unit	1644
Examiner Name	Nelms, Patrick J.
Attorney Docket Number	UMD-0038

I hereby revoke all previous powers of attorney given in the above-identified application:

☒ A Power of Attorney is submitted herewith.

OR

☐ I hereby appoint the practitioners at Customer Number: ☒ Please change the correspondence address for the above-identified application to:☒ The address associated with
OR Customer Number.

26259

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I am the:

☐ Applicant/Inventor☒ Assignee of record of the entire interest. See 37 CFR 3.71
Statement under 37CFR 3.73(b) is enclosed (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Name

DENISE MULKERN
VICE PRESIDENT FOR FINANCE AND TREASURER

Signature

Denise Mulkern

Date

4-26-04

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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STATEMENT UNDER 37 CFR 3.73(b)Applicant/Patent Owner: Kiran M. DasApplication No./Patent No.: 09/779,689Filed/Issue Date: February 20, 2001Entitled: Therapeutic and Diagnostic Methods for Ulcerative Colitis and Associated DisordersUniversity of Medicine and Dentistry of NJ, a a body corporate and politic of the State of NJ

(Name of Assignee)

(Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

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2. ☐ an assignee of less than the entire right, title and interest.
The extent (by percentage) of its ownership interest is _____ %
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☒ Copies of assignments or other documents in the chain of title are attached.

(NOTE: A separate copy (i.e., the original assignment document or a true copy of the original document) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.08)

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

4/26/04
Date

DENISE MULKERN
VICE PRESIDENT FOR FINANCE AND TREASURY
Typed or printed name

Telephone number

Denise Mulker
Signature

Title

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